Standard Form Form pro- Comptroller September (Gen, Reg. No. (Amended Fe	No. 1034—Revised escribed by G=craj, U. S. ber 7, 1950 51, Supp. No. 11) bbruary 20, 1952)	pproved For Service SERVICE	OUCHER FOR CES OTHER TH	PURCHAS IAN PERS	ES AN	00000		010 <u>5</u> -გ _ა ,			
U. S. COST REIMBURSABLE								PAID BY			
(Department, bureau, or establishment)											
Voucher prepared at(Give place and date)								Evel #3			
THE UNITED STATES, Dr., Payee's Account No.								0PS 0727			
To		(P:	ayce)				- 1	COPY	Or P	4	
							_ '				
	(Add	dres) AR	(City) TICLES OR SERVICE	(State)			UNIT	PRICE	AMOUNT		
No. and Date of Order	Date of Delivery or Service	(Enter description, it	em number of contracther information deen	ct or Federal su	ıpply	QUANTITY	Cost	Per	Dollars	Ct*.	
	Cost								600	•09	
PAYMENT: Complete Partial Final		Use con	tinuation sheet(s) if ne	cessarv						-	
Shipped from to Weight Government B/L No. (Payee must NO)							Total	600	.09		
CTATOTUD											
			Amount verified; (Signature or initi					- 400	109		
Contract No.	A-101	Date	Reg. No.		D	ate	I	nvoice Rec'd			
Pursuant to author	ority vested in me,	I certify that this account	is correct and proper f	or payment.							
† Approved for \$.		SIGN					ing Officer)				
Ву			ORIGINAL ONLY	Title					*************		
Title				Date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED W	HEN PURCHASES ARE MADE	OR SERVICES SEC	CURED WITHOU	OUT WRITTEN /	GREEMENT	IN ANY FORM			
	ACCOU	INTING CLASSIFICATION	N (Appropriation Sym	bol must be sh	own; othe	er classificat	tion option	nal)			
(Check	No	dated		, 19, for \$			on Treasurer of the United States in favor o payee named above.				
Paid by Cash,	\$, on	, 19	, 19 Payee		(Sign original only)					
*When a vouche writing the compar "John Doe Comps † If the ability to essary; otherwise t eyer his official tit	er is signed or receipt ny or corporate name any, per John Smid, certify and authorit the approving officer tie.	as well as the canacity in which to approve are combined in will sign on the line below "	or corporation, the named the stores must appear to the stores of the st	e of the person FOIA-RDF re only is nec- ", and	Per 64-003 T	360R000)60002	0105-8	16—22900		

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